Taxable Clothing/Accessories/Meals

School/Department : _____

Year _____

Employee #	Name	Description	Job Duty	# of items	Cost per item	Total Cost
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
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						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
		Total		**0**	**0.00**	**0.00**

Signature or Authorized Designee

Date

Please attach copies of invoices or backup confirming the price of the clothing/item. If an invoice is not available, please list the current value.

When listing the type of clothing/item, please use one line per employee.

Only list items of clothing & accessories valued over $20 on this form. See FCPS Regulation 522 R-B for more information.

Please forward this report to the Payroll Department for processing.

This form can be found on the FCPS website under Staff Forms.